

In response to the restriction requirement, Assignee elects Group I, without traverse.

**CONCLUSION**

Examination and allowance of claims 1-15 and 19-27 is requested. The Examiner is invited and encouraged to contact the undersigned attorney of record at (404) 815-6048 if such contact will facilitate a Notice of Allowance. If any additional fees are due, the Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, to Deposit Account No. 11-0855.

Respectfully submitted,



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Reg. No. 40,852

**DATE: September 30, 2005**

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